

Approval Must Be Renewed Annually
Supervisor: Retain Original

Section 1: Certification

In accordance with statewide policy, approval is requested to use a privately owned vehicle to conduct official state business. (SAM 0753 and 0754)

I hereby certify that whenever I drive a privately owned vehicle on official state business, I will maintain a valid driver's license and evidence of financial responsibility in my possession, all persons in the vehicle will wear safety belts, and the vehicle shall always be:

- Covered by liability insurance for the minimum amount prescribed by Vehicle Code section 16056:
\$30,000 for bodily injury to or death of one person in any one accident;
\$60,000 for bodily injury to, or death of, two or more persons in one accident; and
\$15,000 injury to or destruction of property of others in any one accident.

(Vehicle Code section 16020 requires all drivers and owners of a motor vehicle to carry evidence of financial responsibility in the vehicle.)

- Adequate for the work to be performed.
- Equipped with operating safety belts in operating condition.
- In safe mechanical condition as required by law, to the best of my knowledge.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official state business, all accidents must be reported on the STD 270 - Vehicle Accident Report form within two business days. (SAM 2430)

I understand that permission to drive a privately owned vehicle on official state business is a privilege which may be suspended or revoked at any time.

Driver's License Number	State	Expiration Date
Employee's Signature	Print Name	Date Signed

Section 2: Approval

Use of a privately owned vehicle on official state business is approved.

Approving Authority Signature	Title	Date Approved
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Section 3: Annual Renewal

I have reviewed Section 1 and 2 (certification and approval) and certify that the information provided is true and correct.

Employee Signature	Approving Authority Signature	Date Approved
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